

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90012 004 ****61.25

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1. Entity Name
OWNERS ASSOCIATION OF SEAPINES, INC.



Principal Place of Business
1004 U.S. HIGHWAY 98
SUITE C
MEXICO BEACH, FL 32410

Mailing Address
P.O. BOX 13698
MEXICO BEACH, FL 32410

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03302006 Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PLANTATION BUILDERS, INC.
1004 U.S. HIGHWAY 98
SUITE C
MEXICO BEACH, FL 32410

7. Name and Address of New Registered Agent

Name **Sarah S. Allen**
 Street Address (P.O. Box Number is Not Acceptable)
108 Sundial Court
 City **Pont ST Joe FL** Zip Code **32456**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Sarah S. Allen* **4-4-06**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P/D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, THAD E	
STREET ADDRESS	1004 U.S. HIGHWAY 98	
CITY-ST-ZIP	MEXICO BEACH, FL 32410	
TITLE	VP/D	<input checked="" type="checkbox"/> Delete
NAME	WORTHINGTON, JAY	
STREET ADDRESS	1004 U.S. HIGHWAY 98	
CITY-ST-ZIP	MEXICO BEACH, FL 32410	
TITLE	S/D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, ANDREA L	
STREET ADDRESS	1004 U.S. HIGHWAY 98	
CITY-ST-ZIP	MEXICO BEACH, FL 32410	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Allen, Bruce E.	
STREET ADDRESS	108 Sundial Ct.	
CITY-ST-ZIP	Pont ST Joe, FL 32456	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Allen, Sarah S.	
STREET ADDRESS	108 Sundial Ct.	
CITY-ST-ZIP	Pont ST Joe, FL 32456	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Searcy, Erin	
STREET ADDRESS	1004 15th ST	
CITY-ST-ZIP	Pont ST Joe, FL 32456	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Bruce E. Allen* **Bruce E. Allen** **4-4-06** **850-227-6204**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #